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PTO/SB/83 (01-03)

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

| | |
|------------------------|-------------------|
| Application Number | 10/015,319 |
| Filing Date | December 12, 2001 |
| First Named Inventor | W. Scott Thielman |
| Art Unit | 1732 |
| Examiner Name | |
| Attorney Docket Number | 013013026179 |

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To: Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Transfer of prosecution responsibility to new law firm

Approved
Jacqueline M. Stone
Jacqueline M. Stone, Director
Technology Center 1700

JUN 29 2004

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

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OR

| | | | |
|---|---|-------|------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Heidi Boehlefeld Renner, Otto, Boisselle & Sklar | | |
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| Telephone | 216-621-1113 | Fax | |

| |
|---|
| <input checked="" type="checkbox"/> This request is made on behalf of myself and |
| <input checked="" type="checkbox"/> all the attorneys/agents of record. |
| <input type="checkbox"/> the attorneys/agents (with registration numbers) listed on the attached paper(s), or |
| <input type="checkbox"/> the attorneys/agents associated with Customer Number |

This request is enclosed in triplicate (including any attachments).

| | |
|-----------|------------------------|
| Name | Sandra B. Weiss |
| Signature | <i>Sandra B. Weiss</i> |
| Date | 7/10/03 |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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Bib Data Sheet

CONFIRMATION NO. 4291

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|--|---|-------------------------------|---|----------------------------|
| SERIAL NUMBER 10/015,319 | FILING OR 371(c) DATE 12/12/2001 RULE 1.47 | CLASS 425 | GROUP ART UNIT 1722 | ATTORNEY DOCKET NO. |
| APPLICANTS W. Scott Thielman, Palatine, IL; Robert M. Pricone, Libertyville, IL; | | | | |
| ** CONTINUING DATA ***** This application is a CIP of 09/596,240 06/16/2000 ABN and is a CIP of 09/781,756 02/12/2001 ABN | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/07/2002 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY IL | SHEETS DRAWING 10 | TOTAL CLAIMS 49 |
| INDEPENDENT CLAIMS 5 | | | | |
| ADDRESS Heidi Boehlefeld Renner, Otto, Boisselle & Sklar 1621 Euclid Avenue Cleveland ,OH 44115-2191 | | | | |
| TITLE Process and apparatus for embossing precise microstructures and embossing tool for making same | | | | |
| FILING FEE RECEIVED 1560 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |